

2005 FEDERAL IMPAIRED DRIVING ASSESSMENT GUIDELINES

Each State, in cooperation with political subdivisions, tribal governments and neighboring countries, should have a comprehensive program to reduce impaired driving.¹ This document describes the components that a State impaired driving program should contain and the criteria that the components should meet.

States should use this document to conduct technical assessments of their impaired driving programs. Technical program assessments are conducted using a panel of outside peer experts, who identify the strengths and weaknesses of a State program and offer recommendations for program and system improvements.

This document is based on the “Uniform Guidelines for State Highway Safety Programs,”² which the agency is required by statute to publish. The components of a comprehensive impaired driving program are inter-related and include the following:

Strategic Planning and Program Management – State, local and tribal task forces and commissions; strategic planning; program management; data and records; evaluation; and resources

Prevention – communication strategies that highlight and support specific program activities; responsible alcohol service; transportation alternative; and community-based programs involving schools, employers, community coalitions and traffic safety programs

Criminal Justice System – to achieve both general and specific deterrence, using laws, enforcement, publicity to enhance general deterrence, prosecution, adjudication, and administrative sanctions and driver licensing programs

Alcohol and Other Drug Misuse – screening, assessment, treatment, rehabilitation and monitoring both through the criminal justice system and medical and health care settings

Many partners are integral to a successful impaired driving program. Partners are encouraged to consult with their Governor’s Highway Safety Representative and the National Highway Traffic Safety Administration (NHTSA) regional and headquarters staff for information, materials, statistics, training and technical assistance. Information is also available on the NHTSA websites: www.nhtsa.gov and www.stopIMPAIREDdriving.org.

¹ Throughout this document, the term “impaired driving” means operating a motor vehicle while affected by alcohol and/or other drugs, including prescriptions, over-the-counter medicines or illicit substances. “Impaired driving” includes, but is not limited to, impairment, as defined by individual State statutes.

² Formerly published as 23 CFR Part 1204. Currently contained in the Highway Safety Grant Management Manual, available on NHTSA’s website.

I. STRATEGIC PLANNING AND PROGRAM MANAGEMENT

Effective programs begin with strong leadership, strategic planning and program management. Efforts should be data driven, focusing on populations and geographic areas that are most at risk, and science based, determined through independent evaluation to be likely to achieve success. Programs and activities should be guided by problem identification and carefully managed and monitored for effectiveness. Adequate resources should be devoted to the problem, and the costs should be borne, to the extent possible, by impaired drivers.

A. State, Local and Tribal DWI Task Forces or Commissions

States, local subdivisions and tribal governments should convene Driving While Impaired (DWI) task forces or commissions to foster leadership, commitment and coordination among all parties interested in impaired driving issues. Task forces and commissions should:

- Enjoy active support and participation from the highest levels of leadership.
- Include members that represent all interested parties, both traditional and non-traditional, such as representatives of: government - highway safety, enforcement, criminal justice, liquor law enforcement, public health, driver licensing and education; business – employers and unions; the military; medical, health care and treatment; multi-cultural, faith-based, advocacy and other community groups; and as appropriate neighboring countries.
- Recommend goals and objectives, provide policy guidance and identify available resources, based on their wide variety of interests and through leveraging opportunities.
- Coordinate programs and activities to ensure that they complement rather than compete with each other
- Operate continuously, based on clear authority and direction, established by law.

B. Strategic Planning

States should develop and implement an overall plan for short and long term impaired driving activities. The plan should:

- Be based on careful problem identification that uses crash, arrest, conviction, driver record and other available data to identify the populations and geographic areas most at risk.
- Allocate resources for countermeasures determined to be effective that will impact the populations and geographic areas most at risk.
- Include short-term objectives and long-range goals.

C. Program Management

States should establish procedures to ensure that program activities are implemented as intended. The procedures should provide for systematic monitoring and review of ongoing efforts to:

- Designate a lead agency that is responsible for overall program management and operations.
- Ensure that appropriate data are collected to assess program impact and evaluation.
- Measure progress in achieving established goals and objectives.
- Detect and correct problems quickly.

D. Data and Records

States should establish and maintain records systems to fully support their impaired driving program. They should also use data from other sources, such as the U.S. Census, the Fatality Analysis Reporting System (FARS) and the Crash Outcome Data Evaluation System (CODES), to supplement their systems. The State records systems should:

- Permit the State to quantify:
 - the extent of the problem (e.g. alcohol-related crashes and fatalities)
 - the impact on various populations (e.g. by age, gender, race and ethnicity)
 - the level of effort dedicated to address the problem (e.g. level of enforcement activities, training, paid and earned media)
 - the impact of the effort (e.g. public attitudes, awareness and behavior change).
- Contain electronic records of crashes, arrests, dispositions, driver licensing actions and other sanctions of DWI offenders.
- Permit offenders to be tracked from arrest through disposition and compliance with sanctions.
- Be accurate, timely, linked and readily accessible to persons authorized to receive the information, such as law enforcement, courts, licensing officials and treatment providers.
- Be guided by a Statewide traffic records coordinating committee (TRCC) that represents the interests of all public and private sector stakeholders, and the wide range of disciplines that need the information.

E. Evaluation

States should routinely evaluate impaired driving programs and activities to determine their effectiveness and ensure that resources are being allocated appropriately. The evaluation should be:

- Planned before programs are initiated to ensure that appropriate data are available and adequate resources are allocated.
- Designed to use available traffic records and other injury data.
- Used to determine whether goals and objectives have been met and to guide future programs and activities.
- Organized and completed at the State and local level.
- Reported regularly to project and program managers and policy makers.

F. Resources

States should allocate sufficient funding, staffing and other resources to support their impaired driving programs. Programs should seek to be self-sufficient and costs should be borne by impaired drivers. The ultimate goal is for State impaired driving programs to be fully supported by impaired drivers and to avoid dependence on other funding sources. States should allocate funding, staffing and other resources to impaired driving programs that are:

- Adequate to meet program needs and proportional to the impaired driving problem.
- Steady and derived from dedicated sources, which may include public or private funds.
- Financially self-sufficient and, to the extent possible, paid by the impaired drivers themselves. Some States achieve financial self-sufficiency using fines, fees, assessments, surcharges or taxes. Revenue collected from these sources should be used for impaired driving programs rather than returned to the State Treasury or General Fund.

II. PREVENTION

Prevention programs seek to reduce impaired driving through approaches commonly associated with public health – altering social norms, changing risky or dangerous behaviors, and creating safe environments. Prevention programs promote communication strategies that highlight and support specific program activities, and they promote activities that educate the public on the effects of alcohol and other drugs, limit their availability, and encourage those impaired by alcohol and other drugs NOT to drive. Prevention programs may include responsible alcohol service practices, transportation

alternatives, and community-based programs carried out in schools, at work sites, in medical and health care facilities and by community coalitions. Programs should prevent underage drinking for persons under 21 years of age. They should prevent over-service and impaired driving by persons 21 or older.

Prevention efforts should be directed toward populations at greatest risk. They should use programs and activities that are science-based and determined to be effective.

A. COMMUNICATION STRATEGIES

States should develop and implement communication strategies directed at underage drinking, impaired driving, and reducing the risk of injury, death and the resulting medical, legal, social and other costs. Communications should highlight and support specific program activities underway in the community and be culturally relevant and appropriate to the audience. States should:

- Focus their communication efforts on increasing knowledge and awareness, changing attitudes and modifying behavior.
- Develop and implement a year round communication plan that includes:
 - Messages that are coordinated with National campaigns
 - Special emphasis during holiday periods and other high risk times throughout the year, such as New Year's, 4th of July, Labor Day, Halloween, Prom Season and Graduation
 - Appropriate use of message platforms that emphasize underage drinking, impaired driving enforcement and personal responsibility, including use of designated drivers and alternative transportation
 - Messages that are culturally relevant and linguistically appropriate
 - Paid, earned and donated media
- Direct communication efforts at populations and geographic areas at highest risk or with emerging problems (such as youth, young adults, repeat and high BAC offenders and drivers who use prescription or over-the-counter drugs that cause impairment).
- Use creativity to encourage earned media coverage, using a variety of messages or "hooks" (such as inviting reporters to "ride-along" with law enforcement officers, conducting "happy hour" checkpoints or observing under-cover liquor law enforcement operations).
- Encourage communities, businesses and others to financially support and participate in communication efforts to extend their reach, particularly to populations and in geographic areas at highest risk.

B. RESPONSIBLE ALCOHOL SERVICE

States should promote policies and practices that prevent underage drinking by persons under 21 years of age and over-service to persons 21 and older. States should:

- Adopt and enforce programs to prevent sales or service of alcoholic beverages to persons under the age of 21. Conduct compliance checks and “Cops in Shops” activities and support the proper use of technology in alcohol retail establishments, particularly those catering to youth, to verify proper and recognize false identification.
- Adopt and enforce alcohol beverage control regulations to prevent over-service. Prohibit service to visibly intoxicated patrons, restrict alcohol sales promotions (such as “happy hours”), limit hours of sale, establish conditions on the locations of establishments to limit impaired driving (e.g., zoning restrictions) and require beer keg registration.
- Provide adequate resources (including funds, staff, and training) to enforce alcohol beverage control regulations. Coordinate with traditional State, county, municipal and tribal law enforcement agencies to determine where impaired drivers had their last drink and use this information to monitor compliance with regulations.
- Promote responsible alcohol service programs, written policies, and training.
- Encourage alcohol sales and service establishments to display educational information to discourage impaired driving and to actively promote designated driver and alternative transportation programs.
- Provide that commercial establishments and social hosts may be held responsible for damages caused by a patron or guest who was served alcohol when underage or visibly intoxicated.

C. TRANSPORTATION ALTERNATIVES

States should promote alternative transportation programs that enable drinkers 21 and older to reach their destinations without driving. States should:

- Actively promote the use of designated driver and safe ride programs, especially during high-risk times, such as holidays or special events.
- Encourage the formation of public and private partnerships to financially support these programs.

D. COMMUNITY-BASED PROGRAMS

Community-based programs implement prevention strategies at the local level through a variety of settings, including in partnerships involving traffic safety, schools, employers, medical and health care professionals and community coalitions and traffic safety programs.

D-1 Schools

School-based prevention programs, beginning in elementary school and continuing through college and trade school, can play a critical role in preventing underage drinking and impaired driving. These programs should be developmentally appropriate, culturally relevant and coordinated with drug prevention and health promotion programs. States should:

- Implement K-12 traffic safety education, with appropriate emphasis on underage drinking and impaired driving, as part of a comprehensive health education program.
- Promote alcohol- and drug-free events throughout the year, with particular emphasis on high-risk times, such as homecoming, spring break, prom and graduation.
- Establish and support student organizations that promote traffic safety and responsible decisions; encourage statewide coordination among these groups.
- Provide training to school personnel (such as resource officers, health care providers, counselors, health educators and coaches) to enable them to provide information to students about traffic safety and responsible decisions, and identify students who may have used alcohol or other drugs (Drug Impairment Training for Education Professionals).
- Encourage colleges, universities and trade schools to establish and enforce policies to reduce alcohol, other drug, and traffic safety problems on campus, and to work with local businesses and law enforcement agencies to reduce such problems in neighboring communities.

D-2 Employers

States should provide information and technical assistance to employers and encourage them to offer programs to reduce underage drinking and impaired driving by their employees and their families. These programs should include:

- Model policies to address underage drinking, impaired driving and other traffic safety issues, including safety belt use and speeding.
- Employee awareness and education programs.

- Management training to recognize alcohol and drug use and abuse, and appropriate responses
- Screening and brief intervention, assessment and treatment programs for employees, as appropriate, such as through an employee assistance program.
- Underage drinking and impaired driving prevention programs for youthful employees and programs that address use of prescription or over-the-counter drugs that cause impairment.

D-3 Community Coalitions and Traffic Safety Programs

Community coalitions and traffic safety programs provide the opportunity to conduct prevention programs collaboratively with other interested parties at the local level, and may include representatives of government - highway safety, enforcement, criminal justice, liquor law enforcement, public health, driver licensing and education; business – employers and unions; the military; medical, health care and treatment communities; multi-cultural, faith-based, advocacy and other community groups; and as appropriate neighboring countries. States should:

- Encourage communities to establish community coalitions or traffic safety programs, comprised of a wide variety of community members and leaders.
- Provide information and technical information to these groups, including data concerning the problem in the community and information identifying science-based underage drinking and impaired driving programs.
- Encourage these groups to provide support for local law enforcement and prevention efforts aimed at reducing underage drinking and impaired driving, including designated driver and alternative transportation programs for persons 21 or older.
- Encourage professionals, such as prosecutors, judges, nurses, doctors, emergency medical personnel, law enforcement officers and treatment professionals, to serve as community spokespeople to educate the public about the consequences of underage drinking and impaired driving.

III. CRIMINAL JUSTICE SYSTEM

Each State should use the various components of its criminal justice system – laws, enforcement, prosecution, adjudication, criminal and administrative sanctions and associated publicity - to achieve both specific and general deterrence.

Specific deterrence seeks to increase the probability that impaired drivers will be detected, arrested, prosecuted and subject to swift, sure and appropriate sanctions. Using these measures, the criminal justice system seeks to reduce future recidivism. General deterrence seeks to increase the perception that impaired drivers will face these

consequences, so people who might otherwise be tempted to do so will choose not to drive impaired.

A multidisciplinary approach and close coordination among all components of the criminal justice system are needed to make the system work effectively. In addition, coordination among law enforcement agencies, on the State, county, municipal and tribal levels, is needed to create and sustain both specific and general deterrence.

A. Impaired Driving Laws

Impaired driving laws should be sound, rigorous and easy to enforce and administer. The laws should clearly: define the offenses; contain provisions that facilitate effective enforcement; and establish effective consequences. The offenses should include:

- Driving while impaired by alcohol or other drugs (whether illegal, prescription, or over-the-counter), and treating both offenses with similar consequences.
- A Blood Alcohol Concentration (BAC) limit of 0.08, making it illegal “per se” to operate a vehicle at or above this level without having to prove impairment.
- Zero Tolerance for underage drivers, making it illegal “per se” for persons under age 21 to drive with any measurable amount of alcohol (e.g., 0.02 or greater).
- High BAC (e.g., 0.16 or greater), with enhanced sanctions above the standard impaired driving offense.
- Repeat offender, with increasing sanctions for each subsequent offense.
- Test refusal, with sanctions comparable to or stricter than a high BAC offense.
- Driving with a license suspended or revoked for impaired driving (DWS), vehicular homicide or causing personal injury while driving impaired as separate offenses, with additional sanctions.
- Open container, which prohibits possession or consumption of any open alcoholic beverage in the passenger area of a motor vehicle located on a public highway or right-of-way.³
- Primary safety belt requirements, which do not require that officers observe or cite the driver for another offense.

³ Limited exceptions are permitted under Federal statute and regulation, 23 U.S.C. 154 and 23 CFR Part 1270.

Provisions to enhance effective enforcement should:

- Authorize law enforcement to conduct sobriety checkpoints, in which vehicles are stopped on a nondiscriminatory basis to determine whether operators are driving while impaired by alcohol or other drugs.
- Authorize law enforcement to use passive alcohol sensors to improve the detection of alcohol in drivers.
- Authorize law enforcement to obtain more than one chemical test from an operator suspected of impaired driving, including preliminary breath tests, evidential breath tests and screening and confirmatory tests for alcohol or other impairing drugs.
- Require mandatory BAC testing of drivers involved in fatal and serious injury-producing crashes.

Effective penalties should include:

- Administrative license suspension or revocation (ALR), for failing or refusing to submit to a BAC or other drug test.
- Prompt and certain administrative license suspension of at least 90 days for first offenders determined by chemical test(s) to be at or above the State's "per se" level.
- Enhanced penalties for test refusals, high BAC, repeat offenders, driving with a suspended or revoked license, driving impaired with a minor in the vehicle, vehicular homicide or causing personal injury while driving impaired, including: longer license suspension or revocation; installation of ignition interlock; license plate confiscation; vehicle impoundment, immobilization or forfeiture; intensive supervision and electronic monitoring; and threat of imprisonment.
- Assessment for alcohol or other drug abuse problems for all impaired driving offenders and, as appropriate, treatment, abstention from use of alcohol and other drugs, and frequent monitoring.
- Driver license suspension for persons under age 21 for any violation of law involving the use or possession of alcohol or illicit drugs.

B. Enforcement

States should conduct frequent, highly visible, well publicized and fully coordinated impaired driving (including zero tolerance) law enforcement efforts throughout the State, especially in locations where alcohol related fatalities most often occur. To maximize visibility, the State should conduct periodic heightened efforts and also sustained efforts throughout the year. Both periodic and sustained efforts should be supported by publicity. To maximize resources, the State should coordinate efforts among State,

county, municipal and tribal law enforcement agencies. To increase the probability of detection, arrest and prosecution, participating officers should receive training in the latest law enforcement techniques. States should:

- Ensure that executive levels of law enforcement and State and local government make impaired driving enforcement a priority and provide adequate resources.
- Develop and implement a year round impaired driving law enforcement plan (coordinated with a complimentary communication plan), which includes:
 - periods of heightened enforcement (e.g., three consecutive weekends over a period of 16 days) and frequent (e.g., monthly), sustained coverage throughout the year
 - high level of participation and coordination among State, county, municipal and tribal law enforcement agencies, such as through law enforcement task forces
- Use law enforcement professional(s) to serve as liaisons in the State and help enhance coordination and the level of participation.
- Deploy enforcement resources based on problem identification, particularly at locations where alcohol related fatal or other serious crashes most often occur.
- Conduct highly visible enforcement that maximizes contact between officers and drivers, including sobriety checkpoints and saturation patrols, and widely publicize these efforts - before, during and after they occur.
- Coordinate efforts with liquor law enforcement officials (see section II.A. Responsible Alcohol Service).
- Use technology (e.g., video equipment, portable evidentiary breath tests, passive alcohol sensors and mobile data terminals) to enhance law enforcement efforts.
- Require that law enforcement officers involved in traffic enforcement receive state-of-the-art training, such as Standardized Field Sobriety Testing (SFST), emerging technologies for the detection of alcohol and other drugs; selected officers should receive training in media relations and Drug Evaluation and Classification (DEC).
- Expedite the arrest process (e.g., by reducing paperwork and processing time, from the time of arrest to booking and/or release).
- Measure success, emphasizing quantitative data, including the level of effort (e.g., number of participating agencies, checkpoints conducted, arrests made), public awareness (e.g., of message and actual enforcement), reported change in behavior (e.g., reported number of drinking driving trips) and outcomes (e.g., alcohol-related fatalities, injuries and crashes).

C. Publicity to Enhance General Deterrence

States should publicize their impaired driving law enforcement efforts and other elements of the criminal justice system to increase the public perception of the risks of detection, arrest, prosecution and sentencing for impaired driving. Publicity should be culturally relevant and appropriate to the audience. States should:

- Focus their publicity efforts on creating a perception of risk of detection, arrest, prosecution and punishment for impaired driving.
- Develop and implement a year round communication plan that includes:
 - messages that are coordinated with National campaigns
 - special emphasis during periods of heightened enforcement and high risk holiday periods (including coverage before and reports of results after)
 - regular (e.g., monthly), sustained coverage throughout the year, using messages (or “media hooks”) that are law enforcement related
 - paid, earned and donated advertising⁴
- Use clear, concise enforcement messages to increase public awareness of enforcement activities and criminal justice messages (e.g., that focus on penalties and direct costs to offenders such as loss of license, towing, fines, court costs, lawyer fees, insurance, etc.).
- Monitor and evaluate the media efforts to measure public awareness and changes in attitudes and behavior.

D. Prosecution

Prosecutors who handle impaired driving cases face tough odds. Typically, these prosecutors have the least experience and they handle hundreds of cases at a time and receive insufficient training.⁵ States should implement a comprehensive program to visibly, aggressively and effectively prosecute impaired driving cases. States should:

- Make impaired driving cases a high priority for prosecution and assign these cases to knowledgeable and experienced prosecutors.
- Encourage vigorous and consistent prosecution of impaired driving (including youthful offender) cases, particularly when they result in a fatality or injury, under both impaired driving and general criminal statutes.
- Provide sufficient resources to prosecute impaired driving cases and develop programs to retain qualified prosecutors.

⁴ NHTSA Research Note, March 2004, DOT HS 809 708.

⁵ Robertson, Robyn D. and Herb M. Simpson "DWI System Improvements for Dealing with Hard Core Drinking Drivers: Prosecution. Ottawa, Traffic Injury Research Foundation, 2002.

- Employ experienced prosecutors, such as State Traffic Safety Resource Prosecutors, to help coordinate and deliver training and technical assistance to prosecutors handling impaired driving cases throughout the State.
- Ensure that prosecutors who handle impaired driving cases receive state-of-the-art training, such as in SFST, DEC, emerging technologies for the detection of alcohol and other drugs; prosecutors should learn about sentencing strategies for offenders who abuse these substances and participate in multi-disciplinary training with law enforcement personnel.
- In Driving While Impaired by Drugs (DWID) cases, encourage close cooperation between prosecutors, state toxicologists and arresting law enforcement officers (including Drug Recognition Experts). Their combined expertise is needed to successfully prosecute these cases.
- Establish and adhere to strict policies on plea negotiations and deferrals in impaired driving cases and require that plea negotiations to a lesser offense be made part of the record and count as a prior impaired driving offense.

E. Adjudication

The effectiveness of enforcement and prosecution efforts is strengthened by knowledgeable, impartial and effective adjudication. The imposition of effective, appropriate, research-based sanctions, followed by close supervision, and the threat of harsher consequences for non-compliance, provides an opportunity to reduce recidivism, which is high among impaired drivers. States should:

- Involve the State's highest court in taking a leadership role and engaging judges in effectively adjudicating impaired driving cases and ensuring that these cases are assigned to knowledgeable and experienced judges.
- Encourage consistency in the adjudication of impaired driving (including youthful offender) cases, and the imposition of effective and appropriate sanctions, particularly when impaired driving resulted in a fatality or injury.
- Provide sufficient resources to adjudicate impaired driving cases in a timely manner and effectively manage dockets brought before judges.
- Ensure that judges who handle criminal or administrative impaired driving cases receive state-of-the-art education, such as in technical evidence presented in impaired driving cases, including SFST and DEC testimony, emerging technologies for the detection of alcohol and other drugs, and sentencing strategies for offenders who abuse these substances.
- Use court strategies to reduce recidivism through effective sentencing and close monitoring, by either establishing DWI courts, encouraging drug courts to hear impaired driving cases, or encouraging other courts to adopt DWI/Drug court practices; these courts increase the use of drug or alcohol assessments, identify

offenders with alcohol or drug use problems, apply effective and appropriate sentences to these offenders, including abstinence from alcohol and other drugs and closely monitor compliance, leading to a reduction in recidivism.⁶

- Provide adequate staffing and training for probation programs with the necessary resources, including technological resources, to monitor and guide offender behavior.

F. Administrative Sanctions And Driver Licensing Programs

Administrative sanctions, including the suspension or revocation of an offender's driver's license; the impoundment, immobilization or forfeiture of a vehicle; the impoundment of a license plate; or the use of ignition interlock devices, are among the most effective actions that can be taken to prevent repeat impaired driving offenses.⁷ In addition, other driver licensing activities can be effective in preventing, deterring and monitoring impaired driving, particularly among novice drivers.

1. Administrative License Revocation and Vehicle Sanctions

Each state's Motor Vehicle Code should authorize the imposition of administrative penalties by the driver licensing agency upon arrest for violation of the state's impaired driving laws. The statute should provide for:

- Administrative suspension of the driver's license for alcohol and/or drug test failure or refusal.
- The period of suspension for a test refusal should be longer than for a test failure.
- Prompt suspension of the driver's license (within 30 days of arrest), which should not be delayed, except when necessary, upon request of the State.
- Vehicle sanctions, including impoundment of or markings on the license plate, or impoundment, immobilization or forfeiture of the vehicle(s), of repeat offenders and individuals who have driven with a license suspended or revoked for impaired driving.
- Installation of ignition interlocks on the offender's vehicle(s) until a qualified professional has determined that the licensee's alcohol and/or drug use problem will not interfere with their safe operation of a motor vehicle.

⁶ Freeman-Wilson, Karen and Michael P. Wikosz, "Drug Court Publications Resource Guide, Fourth Edition." Alexandria, VA: National Drug Court Institute, 2002.

⁷ Robertson, Robyn D. and Herb M. Simpson "DWI System Improvements for Dealing with Hard Core Drinking Drivers: Prosecution. Ottawa, Traffic Injury Research Foundation, 2002.

2. Programs

Each state's driver licensing agency should conduct programs that reinforce and complement the state's overall program to deter and prevent impaired driving, including:

- Graduated Driver Licensing (GDL) for novice drivers that includes three distinct licensing phases for young novice drivers (learner's permit, restricted license and unrestricted license) and provides that:
 - Requires a learner's permit for a minimum of 6 months and a total combined period of one year prior to being eligible for an unrestricted license.
 - Requires that drivers practice driving with parental or adult supervision for a minimum number of hours and demonstrate safe driving practices before they may drive unaccompanied by a parent or adult.
 - Requires a nighttime driving restriction and limits on the number of young passengers who may be in the vehicle during phase two.
 - Provides that the permit, the restricted and the unrestricted license, as well as licenses to drivers under and over the age of 21, are easily distinguishable.
 - Provides for license suspension for drivers under age 21 who drive with a BAC exceeding the limit set by the State's zero tolerance law.
 - Provides for primary enforcement of safety belt use laws for young novice drivers.
- A public information program that describes alcohol's effects on driving and the consequences of being caught driving impaired or above the State's zero tolerance limit.
- A program to prevent individuals from obtaining and using a fraudulently obtained or altered driver's license including:
 - Training for alcoholic beverage sellers to recognize fraudulent or altered licenses and IDs and what to do with these documents and the individuals attempting to use them.
 - Training for license examiners to recognize fraudulent documents and individuals seeking to fraudulently apply for them.

3. Information and Records System

Each State's driver licensing agency should maintain a system of records that enables the State to: (1) identify problem impaired drivers; (2) maintain a complete driving history of problem drivers; (3) receive timely and accurate arrest and conviction data from law enforcement agencies and the courts, including data on operators as prescribed by the commercial driver licensing (CDL) regulations; and (4) provide timely and accurate driver history records to law enforcement and the courts. The record system should:

- Include communication protocols that permit real-time linkage and exchange of data between law enforcement, the courts, the State driver licensing and vehicle

registration authorities, liquor law enforcement and other parties with a need for this information.

- Provide enforcement officers with immediate on-the-road access to an individual's licensing status and driving record.
- Provide immediate and up-to-date driving records for use by the courts when adjudicating and sentencing drivers convicted of impaired driving.
- Provide for the timely entry of any administrative or judicially imposed license action and the electronic retrieval of conviction records from the courts.
- Provide for the effective exchange of data with State, local, tribal and military agencies, and with other governmental or sovereign entities.

IV. ALCOHOL AND OTHER DRUG MISUSE: SCREENING, ASSESSMENT, TREATMENT AND REHABILITATION

Impaired driving frequently is a symptom of the larger problem of alcohol or other drug misuse. Many first-time impaired driving offenders and most repeat offenders have alcohol or other drug abuse or dependency problems. Without appropriate assessment and treatment, these offenders are more likely to repeat their crime. One-third of impaired driving arrests each year involve repeat offenders.⁸ Moreover, individuals with alcohol or other drug abuse or dependency problems drive many times before they are arrested. Research has indicated that, on average, such individuals drive several hundred times within two hours of drinking before they are arrested for driving while impaired.⁹

In addition, alcohol use leads to other injuries and health care problems. Almost one in six vehicular crash victims treated in emergency departments are alcohol positive, and one third or more of crash victims admitted to trauma centers - those with the most serious injuries - test positive for alcohol. In addition, studies report that 24-31% of all ED patients screen positive for alcohol use problems. Their frequent visits to emergency departments present an opportunity for intervention, which might prevent these individuals from being arrested or involved in a motor vehicle crash, and result in decreased alcohol consumption and improved health.

Employers, educators, and health care professionals in every State should have a system in place to identify, intervene and refer drivers for appropriate substance abuse treatment to change their dangerous behavior.

⁸ Repeat DWI Offenders in the United States.” Washington, DC: NHTSA Technology Transfer Series, Traffic Tech No. 85, February 1995.

⁹ On average, 772 such episodes, according to Zador, Paul, Sheila Krawchuck. and Brent Moore “Drinking and Driving Trips, Stops by Police, and Arrests: Analyses of the 1995 National Survey of Drinking and Driving Attitudes and Behavior.” Washington, DC: U. S. Department of Transportation, NHTSA Technical Report No. DOT HS 809 184, December 2000.

A. Screening and Assessment

Employers, educators, and health care professionals in every state should have a systematic program to screen and/or assess drivers to determine whether they have an alcohol or drug abuse problem and, as appropriate, briefly intervene or refer them for appropriate treatment.

1. Criminal Justice System

People who have been convicted of an impaired driving offense should be assessed to determine whether they have an alcohol or drug abuse problem and their need for treatment. The assessment should be required by law and completed prior to sentencing or reaching a plea agreement. The assessment should be:

- Conducted by a licensed counselor or other professional holding a special certification in alcohol or other drug treatment.
- Used to decide whether a treatment and rehabilitation program should be part of the sanctions imposed and what type of treatment would be most appropriate.
- Based on standardized assessment criteria, including standard psychometric instruments, historical information (e.g., prior alcohol or drug-related arrests or convictions), and structured clinical interviews.
- Appropriate for the offender's age and culture (e.g., use specialized assessment instruments tailored to and validated for youth or multi-cultural groups).

2. Medical or Health Care Settings

Any adult or adolescent seen by a medical or health care professional should be screened to determine whether they may have an alcohol or drug abuse problem. If the person may have a problem with alcohol abuse or dependence, a brief intervention should be conducted and, if appropriate, they should be referred for assessment and further treatment. The screening and brief intervention should be:

- Conducted by trained professionals in hospitals, emergency departments, ambulatory care facilities, physician's offices, health clinics, employee assistance programs and other medical and health care settings.
- Used to decide whether an assessment and further treatment is warranted.
- Based on standardized screening tools (e.g., CAGE, AUDIT or the AUDIT-C) and brief intervention strategies¹⁰.

¹⁰ For a discussion of assessment instruments, see: Allen, John and M. Colombus (Eds.), NIAAA Handbook on Assessment Instruments for Alcohol Researchers (2nd) edition). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, 2003.

B. Treatment and Rehabilitation

States and localities should work with health care professionals, public health departments, and third party payers, to establish and maintain programs to treat alcohol and other drug dependent persons referred through the criminal justice system, medical or health care professionals and other entities. These programs should:

- Match treatment and rehabilitation to the diagnosis for each person based on a standardized assessment tool, such as the American Society on Addiction Medicine (ASAM) patient placement criteria.
- Provide assessment, treatment and rehabilitation services designed specifically for youth.
- Provide treatment and rehabilitation services for non-English speaking offenders and culturally relevant treatment for special populations (e.g., Native Americans or newly arrived immigrant groups).
- Facilitate health insurance parity treatment for alcohol and other drug abuse disorders, to permit access for persons regardless of ability to pay and encourage States to pursue legislative changes to support health insurance parity payment for alcohol and other drug abuse disorders, particularly in rural and underserved areas.
- Ensure that offenders that have been determined to have an alcohol or other drug dependence or abuse problem begin appropriate treatment immediately after conviction, based on an assessment. Educational programs alone are inadequate and ineffective for these offenders.
- Provide treatment and rehabilitation services in addition to, and not as a substitute for, license restrictions and other sanctions.
- Require that drivers who either refused or failed a BAC test, and/or whose driver's license was revoked or suspended, complete recommended treatment, and that a qualified professional has determined that their alcohol or drug use problem is under control before their license is reinstated.

For an overview of alcohol screening, see: "Screening for Alcohol Problems – An Update," Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, Alcohol Alert No. 56, April 2002. For a primer on helping patients with alcohol problems, see: "Helping Patients with Alcohol Problems: A Health Practitioner's Guide," Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, NIH Publication No. 04-3769, Revised February 2004.

C. Monitoring Impaired Drivers

Monitoring functions should be housed in the driver licensing, judicial, corrections and treatment systems. Monitoring systems should be able to determine the status of all offenders in meeting their sentencing requirements for sanctions and/or rehabilitation. Monitoring systems must be able to alert courts to non-compliance. Controlled input and access to an impaired driver tracking system, with appropriate security protections, is essential. Monitoring requirements should be established by law to assure compliance with sanctions by offenders and responsiveness of the judicial system. Non-compliant offenders should be dealt with swiftly either judicially or administratively. Many localities are successfully utilizing DWI courts or drug courts to monitor DWI offenders. States should:

- Have an effective monitoring system for all impaired driving offenders (including out-of-state offenders).
- Use effective technology (e.g., ignition interlock mechanisms, electronic confinement and monitoring) and its capability to produce reports on compliance.
- Include driver license tracking systems as an essential component of monitoring.
- Generate periodic reports on offender compliance with administrative or judicially imposed sanctions.